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Facsimile Transmittal

Official

Date: 8 March 2002

To: Examiner N. Vo, GAU 2682

From: S. Hossain Beladi

Subject: Response to Office Action in 08/858,245; Our Reference No. PA418B

Fax Phone Number: 703-872-9314

Number of Pages Sent: (including this transmittal cover sheet) 8 Page(s)

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PLEASE DELIVER THE ENCLOSED RESPONSE TO EXAMINER VO AS SOON AS POSSIBLE. THANK YOU.

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PATENT

AMENDMENT TRANSMITTAL FORM

Assistant Commissioner for Patents

Washington, D.C. 20231

Attorney Docket No.: PA418B

Customer No. 23696

In Re Application of: Roberto Padovani

Serial Number: 08/858,245

Filed: 5/19/97

Examiner: D. Vo

Group Art Unit: 2682

Dear Sir:

Transmitted herewith for filing via facsimile is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☒ A Petition for Extension of Time: (3) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	8	20	0	x \$18 =	\$0.00	
Independent**	2	6	0	x \$84 =	\$0.00	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$280	\$	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$
				<input type="checkbox"/> Two Months	\$400	\$
				<input checked="" type="checkbox"/> Three Months	\$920	\$920.00
INFORMATION DISCLOSURE STATEMENT				<input type="checkbox"/> After First Office Action	\$180	\$
				<input type="checkbox"/> After Final Office Action	\$130	\$
TERMINAL DISCLAIMER				\$110	\$	
				TOTAL FEE	\$920.00	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$920.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 3/8/02

Signature: S. Hossain BeladiS. Hossain Beladi, Reg. No. 42,311
(858) 651-4470

QUALCOMM Incorporated
Attn: Patent Department
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San Diego, California 92121-1714
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(TRANSAMD.VER1.7-1/17/2001)